



September 29, 2005

The Honorable Dorcas R. Hardy
Chairman, Policy Committee
White House Conference on Aging
4350 East West Highway
Suite 300
Bethesda, Maryland 20814

Dear Dorcas:

On behalf of the American Association of Homes and Services for the Aging (AAHSA), I am pleased to submit the following proposed recommendations for consideration the White House Conference on Aging.

These proposals are deeply grounded in our vision of a healthy, affordable, and ethical system of long-term care for all Americans. AAHSA members serve two million people every day through mission-driven, not-for-profit organizations dedicated to providing the services people need, when they need them, in the place they call home. Our members offer the continuum of aging services: assisted living residences, continuing care retirement communities, nursing homes, outreach programs, and senior housing. AAHSA's commitment is to create the future of aging services through quality people can trust. Our ideals also include dignity for all persons at every stage of life, advocacy for the right public policies for the right reasons, and leadership through shared learning.

Recently, in order to move our entire field forward, we thought it was time to set forth the “Five Big Ideas” needed to achieve greatness in aging services. There has been too much tinkering around the edges. We need big solutions to transform the current system of long-term care and aging services in order to better meet the needs of the baby boom generation. Our proposed resolutions for the White House Conference on Aging reflect our Five Big Ideas for fundamental change in the provision of aging services:

1) Managed care concepts should be expanded in the field of aging services to more effectively meet consumer needs and responsibly contain costs.

The aging of the baby boomer generation will likely result in sharply escalating costs for long-term care unless ways can be found to control costs while providing high quality services.

Managed care has successfully provided good quality of care and quality of life among consumers who are elderly and/or chronically ill while reducing costs to Medicare. Evercare, continuing care retirement communities, hospice, SOURCE, Social HMOs and PACE are strong examples of service delivery systems that have combined consumer satisfaction with cost efficiency and high quality. Under federal demonstration grants, long-term care providers are developing an acute

care component that will bridge the continuing care retirement community managed care model with traditional Medicare managed care.

These tailored managed care programs should be expanded, with specific attention to disease management for Alzheimer's, Parkinson's and other complicated, chronic diseases to ensure that the long-term care needs of the baby boom generation are met as efficiently and affordably as possible.

2) Affordable housing should be combined with supportive services to enable older adults to age in place in their communities.

Thousands of low- and moderate-income elderly housing communities in both rural and urban areas are home to older adults. Many of these communities are financed or insured by HUD and offer service coordination, health screening and education, activities and, in some cases, meals and more advanced health monitoring. Others have arrangements with hospitals, physicians and other providers to informally coordinate care following a hospitalization. Virtually all of the programs bridge Administration on Aging or locally funded programs with HUD housing.

In addition, adult day services are an important - and underutilized - part of a community continuum.

Coordinating managed care and housing with supportive services will allow people to stay in their homes - responsibly and less expensively. This model should be the foundation for an integrated system of aging services in the coming decades.

3) The development of new technologies and innovative applications of existing ones should be encouraged to improve consumer choice, quality of care, quality of life, and cost-efficiency.

Technology has great potential, across the continuum of aging services, to help older adults maximize their independence, improve quality of care and life, support professional and family caregivers, increase aging services providers' efficiency, and reduce our nation's health care costs.

For example, the Center for Aging Services Technologies (CAST) is a national collaboration of technology companies, university researchers, government, consumer groups and aging services providers. CAST is working to identify ways in which existing technologies might be applied to the field of aging services and to demonstrate emerging technologies to improve care and services to older adults.

Technology may be the key integrator for a new vision of long-term care and governmental policies should encourage and facilitate technological developments and applications.

4) The culture of aging services must change to focus on individual choice and direction.

All segments of aging services need to embrace a quality-of-life, consumer-focused service culture and a continuous quality improvement management culture. Studies from organizations that have done so show dramatic improvement in care, consumer satisfaction, public acceptance, risk management and financial results. These "culture change movements" include Wellspring, Eden Alternative, Pioneer Network and Green Houses.

Consumer-centered policies also will require more options under state Medicaid programs for consumers to receive services in the settings they choose and that are most appropriate for them.

5) The transitions of elders between various settings – the community, acute and long-term care – must be managed to minimize stress to the consumer and wasteful and duplicative bureaucratic requirements for service providers.

Numerous families of the frail elderly, many acute care providers, and every aging services provider have stories about how older people get lost when trying to navigate the emergency room, acute care, post-acute care and long-term care. Multiple assessment protocols, duplicate paperwork and processes, multiple medical records, ineffective triage, professionals who lack a trained eye for the intricacies of geriatric-related conditions - all too often, these factors lead to system-induced quality problems, wasteful expenditure of resources, and consumer frustration.

The process of managing consumers' transitions among various settings for care and services must be more appropriately managed to maximize quality, dignity and economic efficiency.

We hope that the delegates to the White House Conference on Aging will consider these proposals to put us on the road to an effective system of aging services for the coming decades, and we look forward to the delegates' deliberations and report.

Sincerely,

A handwritten signature in black ink, reading "William L. Minnix, Jr." with a stylized flourish at the end.

William L. Minnix, Jr., D.Min
President and CEO